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JUN 07 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	:
Sylvie LESMANNE et al.	: Art Unit: 2188
Application No.: 10/075,289	: Examiner: Thang H. HO
Filing Date: February 15, 2002	:
Title: COHERENCE CONTROLLER FOR A MULTIPROCESSOR SYSTEM, MODULE, AND MULTIPROCESSOR SYSTEM WITH A MULTIMODULE ARCHITECTURE INCORPORATING SUCH A CONTROLLER	: : : : : : :

AMENDMENT AFTER FINAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated April 6, 2004, please amend the above-

identified application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2
of this paper.

Remarks begin on page 6 of this paper.

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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/075,289
	Filing Date	February 15, 2002
	First Named Inventor	Sylvie LESMANNE et al.
	Art Unit	2188
	Examiner Name	Thang H. HO
Total Number of Pages in This Submission	Attorney Docket Number	T2147-907715

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edward J. Kondracki, Reg. No. 20,604
Signature	<i>Edward J. Kondracki</i>
Date	June 7, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	April Campbell	Date	June 7, 2004
Signature	<i>April Campbell</i>		

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